

MAY 08 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2006 OMB 0551-0032
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/720,659
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 24, 2003
		First Named Inventor	Peter M. SIMONSON
		Examiner Name	Amareld Jr., Robert W
		Art Unit	3726
		Attorney Docket No	5976-23CIP

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account
Deposit Account Number 50-0851	Deposit Account Name AKERMAN SENTERFIT
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
- 20 or HP = _____ x _____ = _____				Fee (\$)		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other Submission of Information Disclosure Statement							\$180.00

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Michael K. Dixon	(561) 653-5000
		Date May 8, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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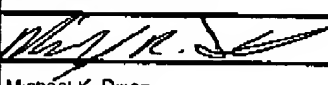
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/720,659	
	Filing Date	November 24, 2003	
	First Named Inventor	Peter M. SIMONSON	
	Art Unit	3736	
	Examiner Name	Amareld Jr., Robert W	
Total Number of Pages in This Submission	5	Attorney Docket Number	5976-23CIP


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Michael K. Dixon		
Date	May 8, 2006	Reg No	46,665

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Signature			
Typed or printed name	Michael K. Dixon	Date	May 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 08 2006

In re Application of: SIMONSON

Application No. 10/720,659

Group: 3738

Filing Date: November 24, 2003

Examiner: Amareld Jr., Robert W.

For: ARTIFICIAL FACET JOINT AND METHOD

Certificate of Transmission/Mailing

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited as first class mail with the U.S. Postal Service in an envelope addressed to: MS Amendment, Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on May 8, 2006.


Michael K. Dixon, Reg. No 46,665

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 8, 2006

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the Duty to Disclose under 37 C.F.R. § 1.56, Applicant hereby discloses information that may be relevant to the Examiner's consideration of the above-identified application and the patentability of its claims.

In accordance with Rules 56, 97, and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), Form PTO/SB/08A is submitted. In accordance with the rules in effect for applications filed after June 30, 2003, copies of the cited U.S. patents and/or patent applications are not enclosed.

While the references provided in this Supplemental Information Disclosure Statement may be material to patentability pursuant to 37 C.F.R. § 1.56, it is not intended to constitute an

{WP304049,1}

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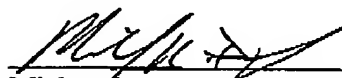
In Re Application of: SIMONSON
Application No.: 10/720,659
Filed: November 24, 2003
Group Art Unit: 3738
Examiner: Amarello Jr., Robert W.
For: ARTIFICIAL FACET JOINT AND METHOD

admission that any reference referred to herein is prior art for this invention unless specifically designated as such. Also, in accordance with 37 C.F.R. § 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

This Supplemental Information Disclosure Statement is filed after the mailing of a first office action on the merits but before the mailing of a Final Office Action in accordance with 37 C.F.R. § 1.97(c)(2). The Commissioner is hereby authorized to charge the fee in the amount of \$180.00, pursuant to 37 C.F.R. 1.17(p), as well as any deficiency in fees, to Deposit Account No.

50-0951.

Respectfully submitted,


Michael K. Dixon, Registration No. 46,665
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Docket No. 5976-23CIP

MAY 08 2006

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Substitute for form 1449/PTO

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/720,659
Filing Date	November 24, 2003
First Named Inventor	Peter M. SIMONSON
Art Unit	3738
Examiner Name	Amareid Jr., Robert W.
Attorney Docket Number	5976-23CIP

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner
Signature**

Date	
Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609 Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. *Applicant's unique citation designation number (optional). *See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. *Enter Office that issued the document, by this two-letter code (WIPO Standard ST 3). *For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. *Kind of document by the appropriate symbols as indicated on the document under: WIPO Standard ST 18 if possible. *Applicant is to place a check mark here if English language translation is attached.

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